

United States Bankruptcy Court
Western District of Pennsylvania

In re Erica L Michael

Debtor(s)

Case No. 21-22628
Chapter 7

PAYMENT ADVICES COVER SHEET
UNDER 11 U.S.C. § 521(a)(1)(B)(iv)

I, Erica L Michael, declare under penalty of perjury that the foregoing is true and correct (CHECK ONE OF THESE BOXES):

- ☐ I have not been employed by any employer within the 60 days before the date of the filing of the petition.
- ☐ I was employed by an employer within 60 days before the date I filed my bankruptcy petition, but I have not received payment advices or other evidence of payment because
- ☒ I have received payment advices or other evidence of payment within 60 days before the date I filed my bankruptcy petition from any employer, and they are attached.

Date January 6, 2022

Signature /s/ Erica L Michael
Erica L Michael
Debtor

Company: 0FO66 - PACE ENTERPRISES OF WEST

Pay Date: 11/24/2021

VIRGINIA INC

Emp #: 1624

Period Start: 11/07/2021

889 MYLAN PARK LN

Dept: 010 - Administration

Period End: 11/20/2021

MORGANTOWN WV 26501 (304) 983-7223

Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
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Earnings

Regular	19.30	79.75	1539.18	28816.37
Weighted OT	28.95	3.00	86.85	215.34
Holiday	19.30	0.00	0.00	1203.20
Personal	19.30	0.00	0.00	296.21
Sick Non-Exempt 1	19.30	0.00	0.00	1536.11
Vacation Non-Exempt 1	19.30	0.00	0.00	4478.83
Retroactive			0.00	600.00

Gross**82.75****1626.03****37146.06****W/H Taxes**

Federal W/H(S/O)			155.48	3506.14
Medicare			21.92	498.72
Social Security			93.71	2132.46
Penn. State W/H(S/O)			59.40	1367.88
West Virginia W/H(S/O)			0.00	0.00

Deductions

Dental Insurance			4.87	116.88
Health Sav Acct			45.00	1080.00
Medical Deduction			60.00	1440.00
United Way			5.00	120.00
Vision Insurance			4.78	114.72

Net Pay**1175.87****26769.26**

Voucher No. 347295504DD

Net Pay Distribution

Direct Deposit Net Check			1155.87	26289.26 A/C:0862
Direct Dep. Distribution 1			20.00	480.00 A/C:9413

Employee Benefits, Allowances, and Other

	Current Period	Year To Date	YTD Taken	Available
Employer HSA Contribution *	15.00	360.00	*Memo Only	
Employer Medical Contribution *	263.08	6313.92	*Memo Only	
Bereavement Hours **		32.00	0.00	32.00
Personal Time Hours **		16.00	16.00	0.00
Sick Non Exempt Hours	3.08	45.82	40.00	5.82
Vacation Non Exempt Hours	6.15	144.56	132.75	11.81

**Accruals balances are accurate as of processing 11/22/2021 12:51 pm

Company: 0FO66 - PACE ENTERPRISES OF WEST

Pay Date: 11/12/2021

VIRGINIA INC

Emp #: 1624

Period Start: 10/24/2021

889 MYLAN PARK LN

Dept: 010 - Administration

Period End: 11/06/2021

MORGANTOWN WV 26501 (304) 983-7223

Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Regular	19.30	61.50	1186.95	27277.19
Weighted OT	28.96	0.00	0.00	128.49
Holiday	19.30	0.00	0.00	1203.20
Personal	19.30	0.00	0.00	296.21
Sick Non-Exempt 1	19.30	0.25	4.83	1536.11
Vacation Non-Exempt 1	19.30	10.50	202.65	4478.83
Retroactive			75.00	600.00

Gross	72.25	1469.43	35520.03
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W/H Taxes

Federal W/H(S/O)	136.69	3350.66
Medicare	19.64	476.80
Social Security	84.00	2038.75
Penn. State W/H(S/O)	54.59	1308.48
West Virginia W/H(S/O)	0.00	0.00

Deductions

Dental Insurance	4.87	112.01
Health Sav Acct	45.00	1035.00
Medical Deduction	60.00	1380.00
United Way	5.00	115.00
Vision Insurance	4.78	109.94

Net Pay	1054.86	25593.39	Voucher No. 345095964DD
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Net Pay Distribution

Direct Deposit Net Check	1034.86	25133.39 A/C:0862
Direct Dep. Distribution 1	20.00	460.00 A/C:9413

Employee Benefits, Allowances, and Other

	Current Period	Year To Date	YTD Taken	Available
Employer HSA Contribution *	15.00	345.00	*Memo Only	
Employer Medical Contribution *	263.08	6050.84	*Memo Only	
Bereavement Hours **		32.00	0.00	32.00
Personal Time Hours **		16.00	16.00	0.00
Sick Non Exempt Hours	2.78	42.74	40.00	2.74
Vacation Non Exempt Hours	5.56	138.40	132.75	5.65

**Accruals balances are accurate as of processing 11/10/2021 11:39 am

Company: 0FO66 - PACE ENTERPRISES OF WEST

Pay Date: 10/29/2021

VIRGINIA INC

Emp #: 1624

Period Start: 10/10/2021

889 MYLAN PARK LN

Dept: 010 - Administration

Period End: 10/23/2021

MORGANTOWN WV 26501 (304) 983-7223

Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Regular	19.30	46.00	887.80	26090.24
Weighted OT	28.96	0.00	0.00	128.49
Holiday	19.30	0.00	0.00	1203.20
Personal	19.30	0.00	0.00	296.21
Sick Non-Exempt 1	19.30	0.00	0.00	1531.28
Vacation Non-Exempt 1	19.30	34.00	656.20	4276.18
Retroactive			0.00	525.00

Gross		80.00	1544.00	34050.60
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W/H Taxes

Federal W/H(S/O)			145.64	3213.97
Medicare			20.73	457.16
Social Security			88.62	1954.75
Penn. State W/H(S/O)			56.88	1253.89
West Virginia W/H(S/O)			0.00	0.00

Deductions

Dental Insurance			4.87	107.14
Health Sav Acct			45.00	990.00
Medical Deduction			60.00	1320.00
United Way			5.00	110.00
Vision Insurance			4.78	105.16

Net Pay		1112.48	24538.53	Voucher No. 341982545DD
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Net Pay Distribution

Direct Deposit Net Check		1092.48	24098.53	A/C:0862
Direct Dep. Distribution 1		20.00	440.00	A/C:9413

Employee Benefits, Allowances, and Other

	Current Period	Year To Date	YTD Taken	Available
Employer HSA Contribution *	15.00	330.00	*Memo Only	
Employer Medical Contribution *	263.08	5787.76	*Memo Only	
Bereavement Hours **		32.00	0.00	32.00
Personal Time Hours **		16.00	16.00	0.00
Sick Non Exempt Hours	3.08	39.96	39.75	0.21
Vacation Non Exempt Hours	6.15	132.85	122.25	10.60

**Accruals balances are accurate as of processing 10/27/2021 11:30 am

Company: 0FO66 - PACE ENTERPRISES OF WEST

Pay Date: 10/15/2021

VIRGINIA INC

Emp #: 1624

Period Start: 09/26/2021

889 MYLAN PARK LN

Dept: 010 - Administration

Period End: 10/09/2021

MORGANTOWN WV 26501 (304) 983-7223

Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date	
Earnings					
Regular	19.30	72.00	1389.60	25202.44	
Weighted OT	28.96	0.00	0.00	128.49	
Holiday	19.30	0.00	0.00	1203.20	
Personal	19.30	0.00	0.00	296.21	
Sick Non-Exempt 1	19.30	0.00	0.00	1531.28	
Vacation Non-Exempt 1	19.30	8.00	154.40	3619.98	
Retroactive			75.00	525.00	
Gross		80.00	1619.00	32506.60	
W/H Taxes					
Federal W/H(S/O)			154.64	3068.33	
Medicare			21.81	436.43	
Social Security			93.26	1866.13	
Penn. State W/H(S/O)			59.18	1197.01	
West Virginia W/H(S/O)			0.00	0.00	
Deductions					
Dental Insurance			4.87	102.27	
Health Sav Acct			45.00	945.00	
Medical Deduction			60.00	1260.00	
United Way			5.00	105.00	
Vision Insurance			4.78	100.38	
Net Pay			1170.46	23426.05	Voucher No. 339209539DD
Net Pay Distribution					
Direct Deposit Net Check			1150.46	23006.05	A/C:0862
Direct Dep. Distribution 1			20.00	420.00	A/C:9413
Employee Benefits, Allowances, and Other					
			Current Period	Year To Date	YTD Taken Available
Employer HSA Contribution *			15.00	315.00	*Memo Only
Employer Medical Contribution *			263.08	5524.68	*Memo Only
Bereavement Hours **				32.00	0.00 32.00
Personal Time Hours **				16.00	16.00 0.00
Sick Non Exempt Hours			3.08	36.89	39.75 -2.86
Vacation Non Exempt Hours			6.15	126.69	88.25 38.44

**Accruals balances are accurate as of processing 10/13/2021 12:41 pm